

Recommendations for Hospitalized Patients Being Discharged to a Long-Term Care Facility During the COVID-19 Pandemic

Updated: February 1, 2022

- The Virginia Department of Health, in alignment with [CDC infection prevention and control recommendations to prevent SARS-CoV-2 spread in nursing homes](#), has created a simplified flow chart to inform discharge planning between hospitals and long-term care facilities.
- Implementation of these recommendations will be influenced by many factors, including testing resource availability, community transmission rates, and clinical decision making.
- Facilities located in areas with minimal to no community transmission might elect to use a risk-based approach for determining which residents require quarantine upon admission. Decisions should be based on whether the resident had close contact with someone with SARS-CoV-2 infection while outside the facility and if there was consistent adherence to infection prevention and control practices in healthcare settings, during transportation, or in the community prior to admission.

Flow Diagram for Hospitalized Patients Being Discharged to a Long-Term Care Facility (LTCF)*

Does the hospitalized patient have a documented COVID-19 diagnosis?^

DISCONTINUATION OF TBP FOR COVID-19†

Test was
positive

Does patient meet criteria for
discontinuation of TBP per [CDC guidance](#)?¹

Yes

Transfer to medically
appropriate facility.

No

Transfer to medically appropriate
facility able to follow [CDC guidance](#)
for care of patients with COVID-19.²

QUARANTINE FOR POSSIBLE EXPOSURE

Test was
negative

Transfer to medically appropriate facility
able to follow [CDC guidance](#) for managing
new admissions/readmissions.³

No

Unknown/
not tested

Does patient have
signs/symptoms of
COVID-19?

Yes

Obtain SARS-CoV-2
viral test results and
repeat algorithm.

Discharge should be based on clinical status and the ability of an accepting facility to meet care needs and adhere to infection prevention and control practices. To facilitate appropriate placement in the post-acute setting, LTCFs and their local hospitals are encouraged to develop a plan for SARS-CoV-2 testing prior to patient discharge. However, a **negative SARS-CoV-2 viral test is not a requirement for discharge**.

1. Meeting criteria for discontinuation of **transmission-based precautions (TBP)** is not a prerequisite for discharge; CDC guidance on discontinuation of TBP for COVID-19 positive patients in healthcare settings is available [here](#).
2. Discuss with facility to determine if patients who require aerosolizing procedures, e.g. nebulizer treatment, are appropriate for transfer.
3. The ability to detect transmission is limited during the incubation phase; negative test results (any number) do not rule out COVID-19, and patients should still be [placed on 14-days of TBP](#) in a separate observation area ("warm unit") or single-person room when transferred to long-term care. **Testing is not required prior to transfer**. In general, all new admissions and readmissions should be placed in a 14-day quarantine, even if they have a negative test upon admission. Exceptions include residents within 3 months of a SARS-CoV-2 infection and fully vaccinated residents as described in [CDC's Interim Infection Prevention Recommendations for Healthcare Personnel](#).

*Nursing homes are licensed by the Virginia Department of Health, [Office of Licensure and Certification](#). Assisted living facilities are licensed by the [Virginia Department of Social Services](#). Consider discussing transfer concerns with licensing entity. ^Diagnosis should be via FDA-authorized direct viral assay to detect SARS-CoV-2.